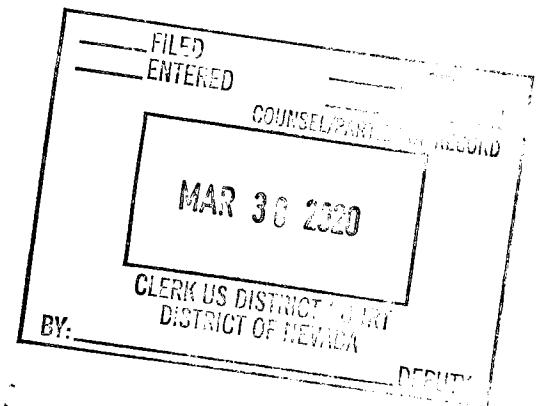


Lee Reed #1105428
Name
High Desert State Prison
P.O. Box 650
Indian Springs, N.V. 89070
Prison Number



UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA

Lee Reed #1105428,)
Plaintiff,)
)
vs.)
)
The State of Nevada ex Rel. The N.D.o.C.,)
)
Director James Dzurenda,)
)
Warden Brian Williams,)
)
A.W. Jeremy Bean,)
)
A.W. Jennifer Nash,)
)
H.Q.S.P Medical Provider Defendant(s).)

2:20-cv-00623-RFB-DJA

CIVIL RIGHTS COMPLAINT
PURSUANT TO
42 U.S.C. § 1983

A. JURISDICTION

1) This complaint alleges that the civil rights of Plaintiff, Lee Reed #1105428,
(Print Plaintiff's name)

who presently resides at P.O. Box 650 Indian Springs, N.V. 89070 were
violated by the actions of the below named individuals which were directed against
Plaintiff at High Desert State Prison on the following dates
(institution/city where violation occurred)

2017 - 2020, _____, and _____.
(Count I) (Count II) (Count III)

Make a copy of this page to provide the below
information if you are naming more than five (5) defendants

2) Defendant James Ozurenda resides at 5600 Snyder Ave, Carson City N.V.
(full name of first defendant) (address if first defendant)
and is employed as N.D.O.C. Director. This defendant is sued in his/her
(defendant's position and title, if any)
 individual official capacity. (Check one or both). Explain how this defendant was
acting

under color of law: Nevada Department of Corrections

3) Defendant Brian Williams resides at 22010 Cold Creek Rd, Indian Springs N.V. 89070
(full name of first defendant) (address if first defendant)
and is employed as H.D.S.P. Warden. This defendant is sued in his/her
(defendant's position and title, if any)
 individual official capacity. (Check one or both). Explain how this defendant was
acting

under color of law: Nevada Department of Corrections

4) Defendant Jeremy Bean resides at 22010 Cold Creek Rd, Indian Springs N.V. 89070
(full name of first defendant) (address if first defendant)
and is employed as H.D.S.P. Assistant Warden. This defendant is sued in his/her
(defendant's position and title, if any)
 individual official capacity. (Check one or both). Explain how this defendant was
acting

under color of law: Nevada Department of Corrections

5) Defendant Jennifer Nash resides at 22010 Cold Creek Rd, Indian Springs N.V. 89070
(full name of first defendant) (address if first defendant)
and is employed as H.D.S.P. Assistant Warden. This defendant is sued in his/her
(defendant's position and title, if any)
 individual official capacity. (Check one or both). Explain how this defendant was
acting

under color of law: Nevada Department of Corrections

6) Defendant H.O.S.P. Medical Provider resides at _____,
(full name of first defendant) _____ (address of first defendant)
and is employed as Medical Providers _____ . This defendant is sued in his/her
(defendant's position and title, if any)
 individual official capacity. (Check one or both). Explain how this defendant was
acting
under color of law: Nevada Department of Corrections

7) Jurisdiction is invoked pursuant to 28 U.S.C. § 1331 (a)(3) and 42 U.S.C. § 1983. If you wish
to assert jurisdiction under different or additional statutes, list them below.

B. NATURE OF THE CASE

1) Briefly state the background of your case.

While incarcerated at High Desert State Prison, on three
separate occasions, once in December 2017, again in January
2019, and again in 2020, medical Doctors/Staff ordered
that Plaintiff be allowed to purchase orthopedic shoes.
Yet High Desert State Prison Administration continues to
deny and delay plaintiffs treatment ordered by
numerous medical providers.

C. CAUSE OF ACTION

COUNT I

The following civil rights has been violated: Eighth Amendment right to Protection against Cruel and unusual Punishment, deliberate indifference, and unnecessary and wanton infliction of pain

Supporting Facts: [Include all fact you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be sure you describe exactly what each specific defendant (by name) did to violate your rights].

- 1) At all times referenced herein, there was a policy, practice or custom created and or promoted by Defendant James Dzurenda, carried out by Brian Williams, and implemented by Jeremy Bean and Jennifer Nash. As a result High Desert State Prison administration feels empowered to violate Constitutional rights of Plaintiff and other inmates.
- 2) At all times referenced herein Defendants Dzurenda and Williams, had the duty, authority and obligation to properly train employees, and reprimand or terminate those who violate the rights of Inmates at High Desert State Prison.
- 3) Defendants Dzurenda and Williams, failed to properly train employees, because employees were trained under inadequate policies or customs that allow and or require employees to violate Constitutional rights of Plaintiff.
- 4) On December 22, 2017 Plaintiff was seen in urgent clinic by medical provider.
- 5) Medical provider ordered that Plaintiff be allowed to order orthopedic shoes from a state issued catalog. (See Exhibit 1)
- 6) On Information and belief Plaintiff was informed by Jeffery

1 Depenbrock (another inmate) who had been previously allowed to
2 order, and currently was ordering orthopedic shoes. That approval
3 from A.W. Bean was also needed, to purchase shoes from an outside
4 vendor.

5 7) On February 26, 2018 Plaintiff sent a inmate request to the A.W.
6 (See Exhibit 2) to confirm if a mailorder shoe catalog (eastbay) was an
7 approved vendor for purchasing orthopedic shoes.

8 8) In response on February 28, 2018 an unknown SGT. Informed Plaintiff
9 that approval by medical "and" an A.W. was needed, and medical
10 has to purchase.

11 9) On March 4, 2018 Plaintiff sent a inmate request to George the medical
12 Scheduler (see Exhibit 3) seeking information on the procedure for
13 purchasing orthopedic shoes.

14 10) In response George stated, per canteen you have to fill out a
15 special order form.

16 11) On information and belief, after being provided with this information
17 Plaintiff spoke with canteen worker Miller personally, while receiving
18 weekly canteen delivery, and asked, is it true that orthopedic shoes are
19 purchased via special order? Miller provided the response of no, they
20 are not.

21 12) On March 25, 2018 Plaintiff sent a inmate request to A.W. Bean (See Exhibit 4)
22 seeking approval to purchase orthopedic shoes through outside vendor.

23 13) In response Plaintiff was informed that Access Securepak was the
24 state issued catalog, and may order from canteen.

25 14) On information and belief Plaintiff sought outside assistance from
26 his mother, some time around March 25-30, 2018 and asked her to
27 contact Access and inquire if they sold orthopedic shoes.

1 15) Mother informed Plaintiff that Access Securepak did not sell orthopedic
 2 Shoes, and that such information could be obtained by writing to company
 3 and inquiring.

4 16) On April 2, 2018 Plaintiff sent an Inmate Request to A.W. Bean
 5 (See Exhibit 5) seeking approval, stating, "I was informed that I must
 6 be approved by an A.W. as well as medical," and asking for his
 7 assistance with hardship.

8 17) Plaintiff was given same response and told in addition, the infirmary
 9 must issue if they are prescription.

10 18) On information and belief after above response Plaintiff's mother
 11 contacted A.W. Bean personally, and was told the denial of approval was
 12 due to some inmates previously approved, purchasing highly extravagant
 13 shoes costing \$200.00-\$300.00, specifically Lebrons, and such shoes being
 14 stolen. So to prevent such, approval was no longer being given.

15 19) On August 13, 2018 Plaintiff sent an inmate request to A.W. Bean
 16 (See Exhibit 6) continuing to seek approval, and requesting that a max
 17 purchase price of \$110.00-\$120.00, amount of shoes sold via Access Secure
 18 pak be stipulated as to prevent overly extravagant shoes being possessed
 19 on compound.

20 20) In response Plaintiff was told shoes can only be purchased through
 21 Access Securepak or the Canteen if purchased by Plaintiff.

22 21) On October 8, 2018 Plaintiff filed an informal grievance (See Exhibit 7),
 23 claiming that along with the institution, A.W. Bean has shown
 24 Deliberate Indifference to ongoing pain and suffering, by arbitrarily
 25 refusing to approve the purchase of orthopedic support shoes,
 26 authorized/ordered by medical.

27 22) None of Plaintiff's grievances were responded to timely, yet all were

1 continuously rejected as improper, in clear error by A.W. Nash (See Exhibit 8-10)

2 23) On January 21, 2019 Plaintiff sent an inmate request to canteen (see

3 Exhibit 11) to inquire if there was a order number for orthopedic support

4 Shoes.

5 24) In response Plaintiff was informed that orthopedic shoes must be

6 ordered through medical.

7 25) On or around January 25, 2019 Plaintiff also sent a letter to Access

8 Securepak inquiring if they sold orthopedic shoes.

9 26) On October 9, 2019 Plaintiff received a response from Access Securepak

10 (see Exhibit 12) stating, orthopedic shoes were not sold by them.

11 27) On March 4, 2019 Plaintiff received 3rd rejection to grievance (See Exhibit

12 10) claiming, along with other erroneous claims, that, inmate has chosen not

13 to order from the canteen or Access Securepak.

14 28) So on March 10, 2019 Plaintiff sent another inmate request to canteen

15 (See Exhibit 13), requesting the order number for orthopedic support Shoes

16 , so that a order may be placed.

17 29) Plaintiff received the response that orthopedic shoes must be ordered

18 through medical.

19 30) On October 16, 2019 Plaintiff sent an inmate request to A.W. Bean

20 (See Exhibit 14) seeking relief from ongoing pain, and attempting to

21 inform him that neither canteen nor Access Securepak sold orthopedic

22 support shoes.

23 31) In response Plaintiff was told "if these shoes are legitimate

24 orthopedic shoes they must be purchased by medical".

25 32) On November 17, 2019 Plaintiff sent an Inmate Request to medical

26 (See Exhibit 15) asking the proper procedure for having orthopedic

27 support shoes purchased and provided.

33)

1 In response Plaintiff was scheduled for an appointment.

2 34) On November 18, 2019 Plaintiff sent an inmate request to A. W. Bean
3 (See Exhibit 16) in an attempt to prompt him to compel medical to
4 purchase needed orthopedic support shoes, being that he want
5 allow Plaintiff to purchase them personally.

6 35) To final inmate request Plaintiff received no response, nor were
7 orthopedic shoes provided.

8 36) On or around January 12, 2020 Plaintiff was seen by medical for
9 appointment scheduled in November 2019.

10 37) Medical provider informed Plaintiff that orthopedic shoes
11 were not provided by medical at H.D.S.P.

12 38) Plaintiff then asked for a medical flat yard restriction, as pain
13 was most severe when walking up the numerous hills around
14 H.D.S.P.

15 39) Medical provider granted request for restriction to a flat yard,
16 along with lower tier lower bunk restriction, and a third approval
17 for Plaintiff to purchase orthopedic support shoes.

18 19 D. CLAIMS FOR RELIEF

20 1) Defendants had actual knowledge that there were deficiencies
21 in the medical care system, that created a risk of the kind of harm
22 Plaintiff has suffered through, yet their disregard to the excessive
23 risk to Plaintiff's health or safety, clearly displays their deliberate
24 indifference. In violation of Plaintiff's Eighth Amendment right

25 2) Defendants have interfered, specifically, Bean, Nash, and Williams
26 with medical judgment by implementing rules and policies
27 restricting Plaintiff's medical care on grounds unrelated to Plaintiff's

1 medical needs, and shown deliberate indifference by failing to carry
 2 out responsibilities to make adequate care available or remedy unmet
 3 conditions that they know about, while maintaining policies that
 4 interfere with adequate medical care. In violation of Plaintiff's
 5 Eighth Amendment Constitutional right to protection against cruel
 6 and unusual punishment, unnecessary infliction of pain, and
 7 deliberate indifference to Plaintiff's serious medical needs.

8 3) Defendants interference has caused Plaintiff undue pain and suffering
 9 for over a 27 month span, Plaintiff has had to forgo countless meals due
 10 to the chronic feeling of pins and needles, accompanied by severe
 11 tingling numbness in the lower left leg, down through foot that would
 12 make the walk up to the dining hall unbearable, since August 2017,
 13 and still to this day defendants have failed to respond to Plaintiff's
 14 complaints of pain that has yet to go away.

15 4) Bean and Nash were very much so aware of this ongoing need for
 16 relief of condition, yet continuously failed to act, and acting under the
 17 color of law chose to disregard Plaintiff's injury and need for medical
 18 treatment, and displayed deliberate indifference, causing the unnecessary
 19 and wanton infliction of pain. In a continuous violation of Plaintiff's
 20 Eighth Amendment right to protection against cruel and unusual
 21 punishment.

22 5) Bean was made aware of Plaintiff's need and condition via numerous
 23 inmate request, face to face communication with Plaintiff, and phone
 24 conversations with Plaintiff's mother.

25 6) Nash was aware of Plaintiff's need and condition as she rejected all
 26 of Plaintiff's grievances.

27 7) Both Bean and Nash personally knew about Plaintiff's serious medical

1 need and failed to respond reasonably to it. Instead intentionally
2 denied and delayed Plaintiffs access to treatment by interfering with
3 the treatment that was ordered by medical provider. In violation
4 of Plaintiffs Eighth Amendment Constitutional Rights.
5 Plaintiff had a right to medical treatment, Bean and Nash had a
6 duty to see to it that Plaintiff received adequate treatment,
7 given the known risk of impending harm to Plaintiffs health.
8 Defendant Prison Medical Providers have a policy of restricting,
9 if not outright denying, care ordered
10 The failure of Defendant Prison Medical Providers to take steps
11 to ensure that Plaintiff received the needed treatment, despite
12 its knowledge of Plaintiffs serious medical needs, constituted
13 deliberate indifference to Plaintiffs serious medical needs in
14 violation of Plaintiffs Eighth Amendment Rights.

15

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28

COUNT III

The following civil rights has been violated: _____

Supporting Facts: [Include all fact you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be sure you describe exactly what each specific defendant (by name) did to violate your rights].

D. PREVIOUS LAWSUITS AND ADMINISTRATIVE RELIEF

1) Have you filed other actions in state or federal courts involving the **same or similar facts** as involved in this action? Yes No. If your answer is "Yes", describe each lawsuit. (If more than one, describe the others on an additional page following the below

outline).

- a) Defendants: _____
- b) Name of court and docket number: _____
- c) Disposition (for example, was the case dismissed , appealed or is it still pending?):

- d) Issues raised: _____

- e) Approximate date it was filed: _____
- f) Approximate date of disposition: _____

2) Have you filed an action in federal court that was dismissed because it was determined to be frivolous, malicious, or failed to state a claim upon which relief could be granted?
____ Yes No. If your answer is "Yes", describe each lawsuit. (If you had more than three actions dismissed based on the above reasons, describe the others on an additional page following the below outline.)

Lawsuit #1 dismissed as frivolous, malicious, or failed to state a claim:

- a) Defendants: _____
- b) Name of court and case number: _____
- c) The case was dismissed because it was found to be (check one): _____ frivolous
_____ malicious or _____ failed to state a claim upon which relief could be granted.
- d) Issues raised: _____

- e) Approximate date it was filed: _____
- f) Approximate date of disposition: _____

Lawsuit #2 dismissed as frivolous, malicious, or failed to state a claim:

- a) Defendants: _____
- b) Name of court and case number: _____

c) The case was dismissed because it was found to be (check one): frivolous
 malicious or failed to state a claim upon which relief could be granted.

d) Issues raised: _____

e) Approximate date it was filed: _____

f) Approximate date of disposition: _____

Lawsuit #3 dismissed as frivolous, malicious, or failed to state a claim:

a) Defendants: _____

b) Name of court and case number: _____

c) The case was dismissed because it was found to be (check one): frivolous
 malicious or failed to state a claim upon which relief could be granted.

d) Issues raised: _____

e) Approximate date it was filed: _____

f) Approximate date of disposition: _____

3) Have you attempted to resolve the dispute stated in this action by seeking relief from the proper administrative officials, e.g., have you exhausted available administrative grievance procedures? ✓ Yes No. If your answer is "No", did you not attempt administrative relief because the dispute involved the validity of a: (1) disciplinary hearing; (2) state or federal court decision; (3) state or federal law or regulation; (4) parole board decision; or (5) other _____.

If your answer is "Yes", provide the following information. Grievance Number 2006-30-74842

Date and institution where grievance was filed H.O.S.P., 10-8-18, 12-2-18, 1-21-19.

Response to grievance: All three were rejected, in error, Claiming that claims or incidents previously filed, and inmate has received appropriate response and has chosen not to order from the Canteen or a State Issued Catalog (Access Securepk).

E. REQUEST FOR RELIEF

I believe that I am entitled to the following relief:

- A) Issue a declaratory Judgement Stating that: The deliberate indifference of Plaintiff's medical treatment by the Defendants, violated the Plaintiff's rights under the Eighth Amendment to the United States Constitution and constituted cruel and unusual punishment and an unnecessary and wanton infliction of pain.
- B) Issue an Injunction ordering defendant Ozurenda, Williams or their agents to:

I understand that a false statement or answer to any question in this complaint will subject me to penalties of perjury. I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. See 28 U.S.C. § 1746 and 18 U.S.C. § 1621.

(Name of Person who prepared or helped prepare this complaint if not Plaintiff)



(Signature of Plaintiff)

3.24.2020

(Date)

(Additional space if needed; identify what is being continued)

Request For Relief

Continued on SA

- 1) Immediately arrange for Plaintiff to order orthopedic shoes from an outside vendor (eastbay, Finish Line, Nike, Adidas, New Balance etc) as to receive treatment ordered by medical.
- 2) Mandate that Plaintiff may continue to order shoes in above stated manner until condition no longer exist, and with order from medical.
- 3) Award Compensatory damages in the following amount:
 - 1) \$61,725.00 jointly and severally against Defendants Williams, Bean, Nash and H.D.S.P. Medical provider. \$75.00 a day for the 823 days of physical harm sustained as a result of lack of treatment.
 - 2) Plaintiff separately and in addition seeks compensatory damages in the following amount \$20,575 jointly and severally against Defendants Williams, Bean, Nash, and H.D.S.P. Medical Provider. \$25.00 a day, for the mental or emotional distress resulting from 823 days of prolonged denial of medical treatment.
- 4) Award Punitive damages in the following amount:
 - 1) \$ 2,500.00 each against defendants Williams, Bean, Nash, and H.D.S.P. Medical Provider.
- 5) Grant such other relief as it may appear that plaintiff is entitled.



**State of Nevada
Department of Corrections**

INMATE GRIEVANCE REPORT

ISSUE ID# 20063057881

ISSUE DATE: 12/01/2017 **BY:** DEPUTY

CLERK US DISTRICT COURT
DISTRICT OF NEVADA

MAR 30 2020

INMATE NAME		NDOC ID	TRANSACTION TYPE	ASSIGNED TO	
REED, LEE		1105428	RTRN_INF	JCABRERA	
LEVEL	TRANSACTION DATE	DAYS LEFT	FINDING	USER ID	STATUS
IF	12/26/2017	4	Denied	MTROTTER	A

INMATE COMPLAINT

OFFICIAL RESPONSE

Inmate LEE REED, I am in receipt of your grievance 2006-30-57881 as it relates to your request to see medical due to numbness and tingling to your left leg. Per AR 617.01, your request to see medical will be "conducted on a first come, first serve basis", and therefore, you were never denied medical treatment. According to your medical file, you were seen in Urgent Clinic on December 22, 2017. Per DOC 2518 and DOC 2519, the provider saw you and ordered for you to be allowed to order orthopedic shoes from a state-issued catalog.

GRIEVANCE: Denied

[Handwritten signature]

[Handwritten signature]

[Handwritten signature]

GRIEVANCE RESPONDER

Report Name: NVRIGR

Reference Name: NOTIS-RPT-OR-0217.4

Run Date: DEC-26-17 03:30 PM

Page 3 of 4

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Lee Reed	1105428	7A-9	2-26-18

4.) REQUEST FORM TO: (CHECK BOX)	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> CASEWORKER	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> LAW LIBRARY
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> SHIFT COMMAND
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input checked="" type="checkbox"/> OTHER A.W.

5.) NAME OF INDIVIDUAL TO CONTACT: _____

6.) REQUEST: (PRINT BELOW) I respectfully send this request, seeking confirmation that the Eastbay catalog is a approved vendor for purchasing orthopedic support shoes.7.) INMATE SIGNATURE L. Reed DOC # 1105428

8.) RECEIVING STAFF SIGNATURE _____ DATE _____

9.) RESPONSE TO INMATE

To get shoes for
MEDICAL PURPOSES you
HAVE TO HAVE APPROVAL
BY MEDICAL AND AN
AW AND MEDICAL HAS
To purchase

10.) RESPONDING STAFF SIGNATURE Sgt. Tony Stet DATE FEB 28 2018

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Lee Reed	1105428	7A-9	3-4-18

4.) REQUEST FORM TO: (CHECK BOX)	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> CASEWORKER	<input checked="" type="checkbox"/> MEDICAL	<input type="checkbox"/> LAW LIBRARY
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> SHIFT COMMAND
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: George

6.) REQUEST: (PRINT BELOW) I respectfully send this request regarding two things. First being, I received a grievance response, stating, "per Doc 2518 and Doc 2519, the provider saw you and ordered for you to be allowed to order orthopedic shoes from a state issued catalog. Is this true? And Second if so what is the process for ordering shoes, is it through the Eastbay catalog? I would appreciate your assistance in helping me understand the procedure. Thank You very much and God Bless.

7.) INMATE SIGNATURE L. K. (1) DOC # 1105428

8.) RECEIVING STAFF SIGNATURE M.L. DATE 3/4/18

9.) RESPONSE TO INMATE

3/8/18 The order on 4/2/21/17 says "May have/order orthopedic shoes from state catalogue" Per Canteen, you have to fill out a special order form provided by the officers in the unit
CSR/DR

10.) RESPONDING STAFF SIGNATURE _____ DATE _____

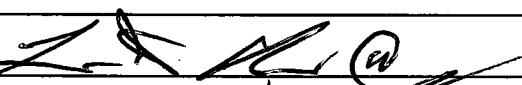
INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Lee Reed	1105428	7B-12	3-25-18

4.) REQUEST FORM TO: (CHECK BOX)	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN	
<input type="checkbox"/> CASEWORKER	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> LAW LIBRARY	<input type="checkbox"/> DENTAL
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> SHIFT COMMAND	
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input checked="" type="checkbox"/> OTHER <u>AW</u>	

5.) NAME OF INDIVIDUAL TO CONTACT: A.W. Bean

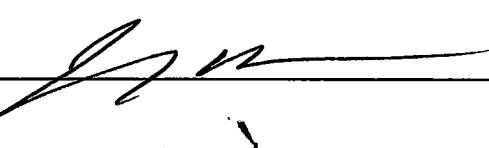
6.) REQUEST: (PRINT BELOW) I respectfully send this request, regarding approval to purchase orthopedic shoes, through outside vendor. I've attached my grievance response, which states the medical provider order I be allowed to order orthopedic shoes. (Grievance # 20063057881 Attached please return for records). Thank you for your time and assistance.

7.) INMATE SIGNATURE  DOC # 1105428

8.) RECEIVING STAFF SIGNATURE  DATE 3-25-18

9.) RESPONSE TO INMATE

Startle issue catalog means Access secure park. you may order from canteen.

10.) RESPONDING STAFF SIGNATURE  DATE 4/3/18

INMATE REQUEST FORM

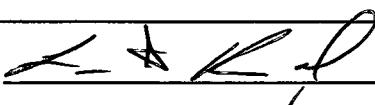
1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Lee Reed	1105428	7B 12	4.2.18

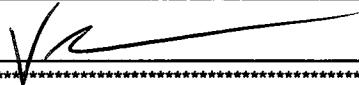
4.) REQUEST FORM TO: (CHECK BOX)

<input type="checkbox"/> CASEWORKER	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> LIBRARY	<input type="checkbox"/> DENTAL
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> SHIFT COMMAND	
		<input checked="" type="checkbox"/> OTHER	A.W.

5.) NAME OF INDIVIDUAL TO CONTACT: A.W. Bean

6.) REQUEST: (PRINT BELOW) I respectfully send this request for the second time, seeking approval to purchase orthopedic support shoes. I have been approved by medical and was informed that I must be approved by an A.W. as well. Once again please assist me with this hardship. Your time is highly valued.

7.) INMATE SIGNATURE  DOC # 1105428

8.) RECEIVING STAFF SIGNATURE  DATE 4/2/18

9.) RESPONSE TO INMATE

All shoes ordered must be from Access secure Park or canteen. If they are prescription, the infirmary must issue.

10.) RESPONDING STAFF SIGNATURE  DATE 4/5/18

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Lee Reed	1105428	7B-12	8-13-18

4.) REQUEST FORM TO: (CHECK BOX)

<input type="checkbox"/> CASEWORKER	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> LAW LIBRARY	<input type="checkbox"/> DENTAL
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> SHIFT COMMAND	
		<input checked="" type="checkbox"/> OTHER <u>A.W</u>	

5.) NAME OF INDIVIDUAL TO CONTACT: A.W. Bean

6.) REQUEST: (PRINT BELOW) I respectfully send this request, in regards to approval to purchase orthopedic support shoes. I spoke to you months ago in the card room, and you informed me that you were talking with medical about them providing them for me, and said you'd have an answer in about a week. Nothing has changed in my discomfort in my leg and foot, and I simply seek to be approved to, at my own cost, purchase my own shoes that medical has approved. If style and price is the issue, place a max purchase price of \$120.00 or 110.00 amount of shoes sold via package.

7.) INMATE SIGNATURE Lee DOC # 1105428

8.) RECEIVING STAFF SIGNATURE _____ DATE _____

9.) RESPONSE TO INMATE

If any shoes purchased by you can only be purchased through process secure pack or the contract.

10.) RESPONDING STAFF SIGNATURE J. m DATE 8/20/18

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Lee Reed	1105428	7B-12	8-13-18

4.) REQUEST FORM TO: (CHECK BOX)

<input type="checkbox"/> CASEWORKER	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> LAW LIBRARY	<input type="checkbox"/> DENTAL
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input checked="" type="checkbox"/> OTHER <u>A.W</u>	

5.) NAME OF INDIVIDUAL TO CONTACT: A.W. Bean

6.) REQUEST: (PRINT BELOW) I respectfully send this request, in regards to approval to purchase orthopedic support shoes. I spoke to you months ago in the card room, and you informed me that you were talking with medical about them providing them for me, and said you'd have an answer in about a week. Nothing has changed in my discomfort in my leg and foot, and I simply seek to be allowed to, at my own cost, purchase my own shoes that medical has rejected. If style and price is the issue, place a max purchase price of \$110.00. amount of shoes sold via package.

7.) INMATE SIGNATURE L-A W DOC # 1105428

8.) RECEIVING STAFF SIGNATURE ***** DATE *****

9.) RESPONSE TO INMATE

If any shoes purchased by you can only be through Dunes secure pack or the canteen.

10.) RESPONDING STAFF SIGNATURE J. m

Log Number 2006-30-74842NEVADA DEPARTMENT OF CORRECTIONS
INFORMAL GRIEVANCENAME: Lee Reed I.D. NUMBER: 1105428INSTITUTION: High Desert State Prison UNIT: 7B-12

GRIEVANT'S STATEMENT: Along with this institution, A.W. Bean has shown deliberate indifference to my pain and suffering. By arbitrarily refusing to allow me to purchase shoes that provide me orthopedic support, which medical has authorized/ordered I'd be approved to do. (See Exhibit A) A.W. Bean has chosen to continuously deny (see Exhibit B1,B2) (Pg 1 of 2)

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: L-R@ DATE: 10-8-18 TIME: 8:00 pmGRIEVANCE COORDINATOR SIGNATURE: Ralph J. Pachado DATE: 11/2/18 TIME: 1:00 pmGRIEVANCE RESPONSE: DOC 3098 - DuplicateCASEWORKER SIGNATURE: V DATE: 12/11/18GRIEVANCE UPHELD GRIEVANCE DENIED ISSUE NOT GRIEVABLE PER AR 740GRIEVANCE COORDINATOR APPROVAL: JDM DATE: 12-9-18INMATE AGREES INMATE DISAGREES INMATE SIGNATURE: L-R@ DATE: 12-11-18

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A FIRST LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original: To inmate when complete, or attached to formal grievance
 Canary: To Grievance Coordinator
 Pink: Inmate's receipt when formal grievance filed
 Gold: Inmate's initial receipt

RECEIVED

NOV 02 2018

HDSP
DOC 3091 (4-27-01)

**NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM**

NAME: Lee Reed I.D. NUMBER: 1105428

I.D. NUMBER: 1105428

INSTITUTION: High Desert State Prison UNIT #: 7B-12

GRIEVANCE #: _____ GRIEVANCE LEVEL: Informal

GRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 2

approval, even though records will show others have and are approved. So rather or not I'm approved, Beers and this institution (due to denying medical authorization to purchase orthopedic shoes) believes its better that I receive no treatment at all for my gunshot wound, that is causing me Chronic periodic pain. For I've gone a year now since I've brought my condition to medicals attention. Yet to this day nothing has changed in my condition, due to nothing being done to change it. (Remedy Sought): To be allowed to purchase support shoes ~~through~~^{from either} Eastbay, Finishline, or Footlocker catalogs at my own expense, and receive them through the medical division of NDOC. To be transferred to a flat ground yard (I am already pending transfer to Warm springs) and to receive a lower bunk / tier restriction. All of which should cure my pain and suffering.

Original: Attached to Grievance
Pink: Inmate's Copy

RECEIVED

NOV 02 2018

DOC - 30970102

Exhibit A



**State of Nevada
Department of Corrections**

INMATE GRIEVANCE REPORT

ISSUE ID# 20063057881

ISSUE DATE: 12/01/2017

INMATE NAME	NDOC ID	TRANSACTION TYPE	ASSIGNED TO		
REED, LEE	1105428	RTRN_INF	JCBRERA		
LEVEL	TRANSACTION DATE	DAYS LEFT	FINDING	USER ID	STATUS
IF	12/26/2017	4	Denied	MTROTTER	A

INMATE COMPLAINT

OFFICIAL RESPONSE

Inmate LEE REED, I am in receipt of your grievance 2006-30-57881 as it relates to your request to see medical due to numbness and tingling to your left leg. Per AR 617.01, your request to see medical will be "conducted on a first come, first serve basis"; and therefore, you were never denied medical treatment. According to your medical file, you were seen in Urgent Clinic on December 22, 2017. Per DOC 2518 and DOC 2519, the provider saw you and ordered for you to be allowed to order orthopedic shoes from a state-issued catalog.

GRIEVANCE: Denied

GRIEVANCE RESPONDER

CN III

Report Name: NVRIGR
 Reference Name: NOTIS-RPT-OR-0217.4
 Run Date: DEC-26-17 03:30 PM

Page 3 of 4
RECEIVED
 NOV 02 2018
HDSP

Exhibit 7
B1INMATE REQUEST FORM

INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Lee Reed	1105428	7B-12	3-25-18

4.) REQUEST FORM TO: (CHECK BOX)

<input type="checkbox"/> CASEWORKER	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> LAW LIBRARY	<input type="checkbox"/> DENTAL
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> SHIFT COMMAND	
		<input checked="" type="checkbox"/> OTHER <u>AW</u>	

5.) NAME OF INDIVIDUAL TO CONTACT: A.W. Bear

6.) REQUEST: (PRINT BELOW) I respectfully send this request, regarding approval to purchase orthopedic shoes, through outside vendor. I've attached my grievance response, which states the medical provider order I be allowed to order orthopedic shoes. (Grievance # 20063057881 attached please return for records). Thank you for your time and assistance.

7.) INMATE SIGNATURE L.S. (w) DOC # 1105428

8.) RECEIVING STAFF SIGNATURE CJO DATE 3-25-18

9.) RESPONSE TO INMATE

Start issue catalog means Access secure park. you may order from canteen.

10.) RESPONDING STAFF SIGNATURE JJW

DATE 4/3/18

RECEIVED

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Lee Reed	1105428	7B-12	8.13.18

4.) REQUEST FORM TO: (CHECK BOX)	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> CASEWORKER	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> LAW LIBRARY
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> SHIFT COMMAND
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input checked="" type="checkbox"/> OTHER <u>A.W.</u>

5.) NAME OF INDIVIDUAL TO CONTACT: A.W. Bean

6.) REQUEST: (PRINT BELOW) I respectfully send this request, in regards to approval to purchase orthopedic support shoes. I spoke to you months ago in the card room, and you informed me that you were talking with medical about them providing them for me, and said you'd have a answer in about a week. Nothing has changed in my discomfort in my leg and foot, and I simply seek to be approved to, at my own cost, purchase my own shoes that medical has approved. If style and price is the issue, place a max purchase price of \$120.00 or 110.00 amount of shoes sold via package.

7.) INMATE SIGNATURE LLC DOC # 1105428

8.) RECEIVING STAFF SIGNATURE _____ DATE _____

9.) RESPONSE TO INMATE

If any shoes purchased by you can only be purchased through Devers secure pack or the canteen.

10.) RESPONDING STAFF SIGNATURE ZJW

DATE

8/20/18
RECEIVED

NOV 02 2018



Nevada Department of Corrections

Improper Grievance Memo - High Desert State Prison

Brian Sandoval
Governor

James Dzurenda
Director

Brian E. Williams, Sr.
Warden, HDSP

TO: Reed, Lee 1105428 7B/12B
 FROM: J. Nash, AW
 DATE: 11/30/2018
 RE: Improper Grievance #2006-30-74842 1st Reject First Level Grievance

The attached grievance is being returned to you for the following reason(s):

This grievance may NOT proceed to the next level Per AR 740 due to the following:

- Non-grievable issue.
 - State and federal court decision.
 - State, federal and local laws and regulations.
 - Parole Board decision.
 - Lacks Standing
- Grievance is not dated. Per AR 740.03 number 6B, an inmate's election **not to sign and date** this form at any level shall constitute abandonment of the claim.
- Untimely submission.
- Abuse of Inmate Grievance Procedure.**
 - Any language, writing or illustration deemed to be obscene, profane or derogatory.
 - A threat of serious bodily injury to a specific individual.
 - Specific claims or incidents previously filed by the same inmate. This is a duplicate of grievance number 2006-30-57881. Inmate received an appropriate response and has chosen not to order from the Canteen or a State Issued Catalog (Access Secure Pak).**
 - More than one (1) grievance per week, Monday through Sunday.
 - More than two (2) unfounded, frivolous or vexatious grievances per month.

After correcting the deficiencies listed below, you may re-submit your grievance.

- The grievance contains more than one (1) appropriate issue. Per AR 740.09 number 2F, it is considered abuse of the inmate grievance procedure when an inmate files a grievance that contains **more than one (1) appropriate issue** per grievance.
- No factual harm/loss noted **and/or** no remedy requested. Per AR 740.03 number 1a, If the inmate does not factually demonstrate a **loss or harm** and does not state the action or **remedy** that will satisfy the claim in the grievance, the grievance will be "DISMISSED" and returned to the inmate.
- Other:

Failure to re-submit the grievance through the prescribed timeframe shall constitute abandonment.

Witness Signature

Date

cc: Original – Inmate

Copy - Grievance File

Inmate Signature

Date

Steve Sisolak
Governor

James Dzurenda
Director



Nevada Department of Corrections

Improper Grievance Memo

TO: Reed, Lee #1105428
FROM: J. Nash, AW
DATE: 2/19/2019

Brian E. Williams, Sr.
Warden, HDSP

RE: Improper Grievance #2006-30-74842 First Level Grievance 1st Rejection

The attached grievance is being returned to you for the following reason(s):

This grievance may NOT proceed to the next level Per AR 740.03,5 due to the following:

- Non-grievable issue.
 - State and federal court decision.
 - State, federal and local laws and regulations.
 - Parole Board decision.
 - Lacks standing.
- Untimely submission.
- Abuse of Inmate Grievance Procedure.
 - Any language, writing or illustration deemed to be obscene, profane or derogatory.
 - A threat of serious bodily injury to a specific individual.
 - Specific claims or incidents previously filed by the same inmate.
 - More than one (1) grievance per week, Monday through Sunday.
 - More than two (2) unfounded, frivolous or vexatious grievances per month.
 - Alteration of the grievance form or continuation forms. This includes writing more than one line, on each line provided on the grievance form, and writing along the sides, tops and bottoms.

After correcting the deficiency(s) listed below; you may re-submit your grievance.

- The grievance contains more than one (1) appropriate issue.
- No factual harm/loss noted and/or no remedy requested.
- Other; specify: The Informal submissions and responses were not included with the First Level submission. Per AR 740 please attach informal grievances and responses and resubmit at the first level.

Failure to re-submit the grievance through the prescribed timeframe shall constitute abandonment.

 3/4/19  X 1/4/19 3/4/19

Witness Signature

Date

cc: Original – Inmate

Copy - Grievance File

Date



Steve Sisolak
Governor

Nevada Department of Corrections

Improper Grievance Memo

James Dzurenda
Director

TO: Reed, Lee #1105428
FROM: J. Nash, AW *Sign*
DATE: 2/21/2019

Brian E. Williams, Sr.
Warden, HDSP

RE: Improper Grievance #2006-30-74842 Informal Level Grievance 3rd Rejection

The attached grievance is being returned to you for the following reason(s):

This grievance may NOT proceed to the next level Per AR 740.03,5 due to the following:

- Non-grievable issue.
 - State and federal court decision.
 - State, federal and local laws and regulations.
 - Parole Board decision.
 - Lacks standing.
- Untimely submission.
- Abuse of Inmate Grievance Procedure.
 - Any language, writing or illustration deemed to be obscene, profane or derogatory.
 - A threat of serious bodily injury to a specific individual.
- Specific claims or incidents previously filed by the same inmate. This is a duplicate of grievance number 2006-30-57881. Inmate received an appropriate response and has chosen not to order from the Canteen or a State Issued Catalog (Access Secure Pak).
- More than one (1) grievance per week, Monday through Sunday.
- More than two (2) unfounded, frivolous or vexatious grievances per month.
- Alteration of the grievance form or continuation forms. This includes writing more than one line, on each line provided on the grievance form, and writing along the sides, tops and bottoms.

After correcting the deficiency(s) listed below; you may re-submit your grievance.

- The grievance contains more than one (1) appropriate issue.
- No factual harm/loss noted and/or no remedy requested.
- Other; specify:

Failure to re-submit the grievance through the prescribed timeframe shall constitute abandonment.

Witness Signature

Date

cc: Original – Inmate

Copy - Grievance File

Inmate Signature

Date

3/4/19

LOG NUMBER: 2006-30-74842NEVADA DEPARTMENT OF CORRECTIONS
SECOND LEVEL GRIEVANCENAME: Lee Reed I.D. NUMBER: 1105428INSTITUTION: High Desert State Prison UNIT: 7B-12I REQUEST THE REVIEW OF THE GRIEVANCE, LOG NUMBER 2006-30-74842, ON THE SECOND LEVEL. THE ORIGINAL COPY OF MY GRIEVANCE AND ALL SUPPORTING DOCUMENTATION IS ATTACHED FOR REVIEW.

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: L R DATE: 1-21-19WHY DISAGREE: My first level grievance is 50 days submitted with no response. So I am continuing my process at the second level. Along with this institution, A.W. Bean has shown deliberate indifference to my pain and suffering, by arbitrarily refusing to allow me to purchase shoes that provide me orthopedic support, which medical hasGRIEVANCE COORDINATOR SIGNATURE: JN DATE: 1/24/19SECOND LEVEL RESPONSE: DOC 3098

GRIEVANCE UPHELD GRIEVANCE DENIED ISSUE NOT GRIEVABLE PER AR 740

SIGNATURE: _____ TITLE: _____ DATE: _____

GRIEVANCE COORDINATOR SIGNATURE: JN DATE: 2-21-19INMATE SIGNATURE: L R DATE: 3-4-19

THIS ENDS THE FORMAL GRIEVANCE PROCESS

Original:	To inmate when complete, or attached to formal grievance
Canary:	To Grievance Coordinator
Pink:	Inmate's receipt when formal grievance filed
Gold:	Inmate's initial receipt

NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM

NAME: Lee Reed I.D. NUMBER: 1105428

INSTITUTION: High Desert State Prison UNIT #: 7B-12

GRIEVANCE #: 2006-30-74842 GRIEVANCE LEVEL: Second level

GRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 2

authorized/I ordered I'd be approved to do. (see Exhibit A) A.W. Bean has chosen to continuously deny (see Exhibit B1-B2) my approval, even though records will show others have and are approved. So rather or not I'm approved, Bean and this institution (due to denying medical authorization to purchase orthopedic shoes) believes it's better that I receive no treatment at all for my gunshot wound, that is causing me chronic periodic pain. For I've gone a year now since I've brought my condition to medical's attention. Yet to this day nothing has changed in my condition, due to nothing being done to change it. (Remedy Sought): To be allowed to purchase support shoes from either Eastbay, Finishline, or Footlocker Catalogs at my own expense, and receive them through the medical division of N.D.O.C., to receive a lower bank/Tier restriction. All of which should cure my pain and suffering.

Original: Attached to Grievance
 Pink: Inmate's Copy

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Lee Reed	1105428	7B-12	1-21-19

4.) REQUEST FORM TO: (CHECK BOX)	<input type="checkbox"/> MENTAL HEALTH	<input checked="" type="checkbox"/> CANTEEN	
<input type="checkbox"/> CASEWORKER	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> LAW LIBRARY	<input type="checkbox"/> DENTAL
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> SHIFT COMMAND	
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> OTHER	

5.) NAME OF INDIVIDUAL TO CONTACT: _____

6.) REQUEST: (PRINT BELOW) I respectfully request the order number for orthopedic support shoes. So I may place a order.

7.) INMATE SIGNATURE L & KO DOC # 1105428

8.) RECEIVING STAFF SIGNATURE JP DATE 1-21-19

9.) RESPONSE TO INMATE

Orthopedic shoes must be ordered through medical

10.) RESPONDING STAFF SIGNATURE Wack DATE 1-23-19

Exhibit 12



Dear Customer:

Thank you for your continued business with Access Securepak. Unfortunately we are unable to process your order due to the following reason(s):

- No size indicated
- Item(s) Restricted
- Credit Card Declined or the Credit Card Number is invalid
- No payment received with the order
- Need approval form (Original or Copy)
- No order or inmate information received with the payment (Please resubmit with the information)
- Insufficient funds received (Please resubmit with an additional \$ _____)
- No housing information or PO Box listed (Please resubmit with the information)
- Inmate not eligible for a package at this time (Please contact facility for information)
- Order postmarked or received after the program ended
- Order limit has been met for the quarter/program
- We do not accept personal checks as a form of payment
- Catalog unavailable at this time. Re-submit request after _____, or contact your prison's business office for further assistance.

+ Other: I'm sorry but we don't sell orthopedic
shoes. I can send you order forms if you like
to see what we offer. Please enjoy your day!

If you have any additional questions, please contact us at 1-800-546-6283.

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Lee Reed	1105428	7B 12	3-10-19

4.) REQUEST FORM TO: (CHECK BOX)	<input type="checkbox"/> MENTAL HEALTH	<input checked="" type="checkbox"/> CANTEEN
<input type="checkbox"/> CASEWORKER	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> LAW LIBRARY
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> SHIFT COMMAND
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: _____

6.) REQUEST: (PRINT BELOW) I respectfully request the order number for orthopedic support shoes. So I may place a order

7.) INMATE SIGNATURE L.K.O. DOC # 1105428

8.) RECEIVING STAFF SIGNATURE C/O Kiva DATE 3/10/19

9.) RESPONSE TO INMATE

orthopedic Shoes must be ordered through medical

10.) RESPONDING STAFF SIGNATURE Watson DATE 3-12-19

OCT 16 2019

UNIT 7 A/B

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Lee Reed	1105428	7A 9	10-16-19

4.) REQUEST FORM TO: (CHECK BOX)	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> CASEWORKER	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> LAW LIBRARY
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> SHIFT COMMAND
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input checked="" type="checkbox"/> OTHER <u>A.W.</u>

5.) NAME OF INDIVIDUAL TO CONTACT: A.W. Bean

6.) REQUEST: (PRINT BELOW) I respectfully send this request, in a continued attempt to gain your approval to purchase Orthopedic support shoes. You've given me the same response, yet neither canteen nor Access Secure Pak sell orthopedic support shoes. Yet and still I simply seek your approval so that I may purchase orthopedics through medical. Once again Medical has already given me multiple approvals, so that I may find some form of relief from my on going pain.

7.) INMATE SIGNATURE L. Reed DOC # 11054288.) RECEIVING STAFF SIGNATURE SC/O Homy DATE 10-06-2019

9.) RESPONSE TO INMATE

If these shoes are legitimate orthopedic shoes they must be purchased by medical.

10.) RESPONDING STAFF SIGNATURE [Signature] DATE 10/31/19

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Lee Reed	1105428	7A-9	11-17-19

4.) REQUEST FORM TO: (CHECK BOX)

<input type="checkbox"/> CASEWORKER	<input checked="" type="checkbox"/> MEDICAL	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> LAW LIBRARY	<input type="checkbox"/> DENTAL
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> SHIFT COMMAND	<input type="checkbox"/> OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: _____

6.) REQUEST: (PRINT BELOW) Who do I contact about having orthopedic support shoes purchased for me. I've been approved by medical on two occasions to purchase them myself, yet I have been informed that medical Must purchase them for me. Please give me needed orthopedics, as I've been suffering for so long, pain has been existing since 2017. I am well in need of relief to be provided. Orthopedic shoes are provided by medical right? If not what is the proper procedure.

7.) INMATE SIGNATURE LX DOC # 1105428

8.) RECEIVING STAFF SIGNATURE JS DATE 11-18-19

9.) RESPONSE TO INMATE

You are scheduled and will be notified the day of your appointment.

.RN

NOV 19 2019

10.) RESPONDING STAFF SIGNATURE _____ DATE _____

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Tom Reed	1095488	TA-7	11/18/12

4.) REQUEST FORM TO: (CHECK BOX)

MENTAL HEALTH

3.) DATE

CASEWORKER

MEDICAL

DENTAL

EDUCATION

VISITING

SHIFT COMMAND

LAUNDRY

PROPERTY ROOM

OTHER

5.) NAME OF INDIVIDUAL TO CONTACT: A. W. Bean

6.) REQUEST: (PRINT BELOW) I & my orthopedic support shoes, which are positionable (as medical has already approved me to have them) must be purchased by medical, why is that you have not compelled them to purchase them, when you are well aware that I am in pain and am in need of them? You tell me as if its something that I can make them do. If you are not going to allow me to purchase them myself, do your job as the A.H. and make them do theirs and provide my I.S.P.C.D. It's been 2 & a half two years of pain and suffering.

7.) INMATE SIGNATURE

DOC # 105428

8.) RECEIVING STAFF SIGNATURE

DATE 11/15/20

9.) RESPONSE TO INMATE

10.) RESPONDING STAFF SIGNATURE

DATE